

## AUGUSTA RICHMOND COUNTY HUMAN RELATIONS COMMISSION

### FOR STAFF USE ONLY

Case Type: \_\_\_\_\_ Case #: \_\_\_\_\_ Complainant's Role: \_\_\_\_\_

### FOR COMPLAINANT'S USE

Date: \_\_\_\_\_

[Last]

[First]

[MI]

[Suffix]

Street Address

Apt./Lot #

City

County

State

Zip Code

Home Telephone #: (    ) \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Telephone #: (    ) \_\_\_\_\_ - \_\_\_\_\_

Sex: [    ] Male [    ] Female Race: \_\_\_\_\_ National Origin: \_\_\_\_\_

Please check the following to indicate where you live. [    ] City [    ] County

**{Please provide a name and address of a friend/relative who can contact you.}**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Street Address

City

State

Zip Code

Telephone #: [    ] \_\_\_\_\_ - \_\_\_\_\_

**THIS COMPLAINT IS AGAINST THE FOLLOWING PERSON, BUSINESS OR AGENCY:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

[Street Address]

City

[County]

[State]

[Zip Code]

Telephone #: [    ] \_\_\_\_\_ - \_\_\_\_\_

Official to be contacted: \_\_\_\_\_ Title: \_\_\_\_\_

[Manager, Owner, Plant Manager, etc.]

08/05/03

1. What type of work is your company involved in? \_\_\_\_\_

2. How many people are employed where you work(ed)? Please check the correct answer.  
( ) 15 or More ( ) Less than 15

3. On what date did the incident occur that you are complaining about? \_\_\_\_/\_\_\_\_/\_\_\_\_

4. What kind of harm did you suffer?

- |                       |                             |                    |
|-----------------------|-----------------------------|--------------------|
| ( ) Discharge         | ( ) Demotion                | ( ) Suspension     |
| ( ) Layoff            | ( ) Write-up                | ( ) Transfer       |
| ( ) Wage reduction    | ( ) Limited/denied training | ( ) Bad references |
| ( ) No recall         | ( ) No hire                 | ( ) Reduced hours  |
| ( ) Forced retirement | ( ) Job classification      | ( ) Maternity      |
| ( ) Sexual harassment | ( ) Other Specify           | _____              |

5. When were you hired? \_\_\_\_/\_\_\_\_/\_\_\_\_.

At the time of your harm, what was your job title? \_\_\_\_\_.

What department were you in? \_\_\_\_\_.

What charge or criticism brought against you caused you to suffer harm?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What is it that you want HRC to do? (Please check the appropriate item(s))

( ) Assistance in getting your job back. ( ) Neutral references.

( ) Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_, understand that I have the right to file a charge under the federal laws administered by the Human Relations Commission and the Equal Employment Opportunity Commission against a current, former or prospective employer in violation of these laws, even if my complaint does not suggest that I have been harmed in violation of those laws. I further understand and have been apprised of the statute of limitations in relation to the federal act that may apply to me.

\_\_\_\_\_  
COMPLAINANT SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
HRC REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

08/05/03